

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          | 11/001  | 9/28/01  |
| FORMALITY REVIEW          | BZ       | 553-822 | 10-17-01 |
| RESPONSE FORMALITY REVIEW | JK       | 835     | 03/11/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 \* ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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